

**AMENDMENTS**

**(CHANGE OF: NAME/DAYS/HOURS/AGES/CAPACITY/SPACE)  
FOR  
FAMILY CHILD CARE HOME II**

**ALL AMENDMENTS REQUIRE-**

- ☐ **Application:** Application needs to be current, accurate and complete. Please list all staff including volunteers and substitutes. Check the amendment box and list change(s). **Licensee or authorized person must sign application.**
- ☐ **Full Disclosure of Ownership Statement:** Instructions are on the form. Complete and submit one of the following forms; a) Non Profit or b) For Profit.

**If any of the required forms are incomplete the packet will be returned.**

**SEND THE ITEMS TO:**

**Douglas or Sarpy County**

Department of Health and Human Services  
Division of Public Health  
Children's Services Licensing  
1801 N. 73rd Street  
Omaha, NE 68114

**OR**

**All Other Nebraska Counties**

Department of Health and Human Services  
Division of Public Health  
Children's Services Licensing  
PO Box 94986  
Lincoln, NE 68509

Depending on the type of change a Fire inspection may need to be conducted and/or an inspection by Children's Services Licensing (CSL) required. CSL will **not** issue the amended license until all inspections have been completed and approved.

If you have any questions regarding this process call:

**Douglas or Sarpy County**

(402) 595-3348

**OR**

**All Other Nebraska Counties**

(402) 471-9562; 1-800-600-1289